MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04110

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - KENNEDYVILLE
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) BERGLAND

4. DATE OF DEATH: (Month) APRIL (Day) 16 (Year) 1953

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED | 8. DATE OF BIRTH: AUG 15, 1877 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER | 10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE | 11. BIRTHPLACE (State or foreign country): SWEDEN | 12. CITIZEN OF WHAT COUNTRY: US (NOT)

13. FATHER'S NAME: BING BERGLAND | 14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT AND ADDRESS: WIFE - HANNA BERGLAND, KENNEDYVILLE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443 Immediate cause	(a) CONGESTIVE HEART FAILURE	3 WKS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIOVASCULAR DIS	UNKNOWN
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 31, 1953, to APRIL 16, 1953, that I last saw the deceased alive on April 16, 1953, and that death occurred at 10:15 pm. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Fulbrandsen M.D. | ADDRESS Chestertown, Md. | DATE SIGNED 4/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF April 18, 1953 | NAME OF CEMETERY OR CREMATORY Shrewsbury Cem. | LOCATION (City, town, or county) (State) Kennedyville, Rural Md.

DATE REC'D BY LOCAL REG. April 20-1953 | REGISTRAR'S SIGNATURE Clara S. Barnes. | 24. FUNERAL DIRECTOR Edward Fellows | ADDRESS Millington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
APR 22 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04111

CERTIFICATE OF DEATH

not nr.

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wilmington COUNTY Deleware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural, give location) 1307 Linden St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) John Thomas Hannagan

4. DATE OF DEATH (Month) (Day) (Year) Apr 30 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 18/1878
9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) worked for Railroad
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Galloway Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Hannagan
14. MOTHER'S MAIDEN NAME Catharine Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Joseph Hannagan 1307 Linden St Wilmington Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.1 Immediate cause (a) Heart failure

Antecedent cause(s) (b) Aortic regurgitation

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) with high blood pressure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Wilmington
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 241
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☑ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1.10, 1953 to 4 28, 1953, that I last saw the deceased alive on 4-28, 1953 and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H P Copeland M.D. 4-29-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/4/53
NAME OF CEMETERY OR CREMATORY Cathedral Cemetery
LOCATION (City, town, or county) (State) Wilmington Deleware

DATE REC'D BY LOCAL REG. 4/30/53
REGISTRAR'S SIGNATURE E Kennedy Jones
24. FUNERAL DIRECTOR B R Fellows Still Pond Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04112

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 16 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Ann's	STREET ADDRESS (If rural, give location) 414 E. Sixth

3. NAME OF DECEASED: (Type or Print) (First) Irvin (Middle) R. (Last) Palmer

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	May 28, 1931	21 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Contractor	Wilmington, Delaware	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Eric Palmer	Ruth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
	222-16-6030	Hospital records. Wm Palmer - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

823X

Immediate cause (a) Fracture of cervical vertebrae with transsection

DUE TO

Antecedent cause(s) (b) of spinal cord. — 16 hours

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway — (CITY OR TOWN) (COUNTY) (STATE) "Fairlee", Chestertown, Kent, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 4-12-53 12:10A M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Automobile which deceased was driving, ran into a tree.

22. I hereby certify that I attended the deceased from 4-12, 1953, to 4-12, 1953, that I last saw the deceased alive on 4-12, 1953, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

SIGNATURE A.C. Fick — (DEGREE OR TITLE) M.D. — ADDRESS Chestertown, Md. — DATE SIGNED 4-12-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/16/53	Mt. Olive Cemetery	Wilmington Delaware

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 13-1953	Clara S. Barnes	Marvin V. Williams	Chestertown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]51

RECEIVED
APR 15 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04113

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Kent; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, nr Chestertown; LENGTH OF STAY (In this place): transient; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Delaware; COUNTY: Wilmington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington; STREET ADDRESS (If rural, give location): 1005 Del. Ave.

3. NAME OF DECEASED (Type or Print): (First) Leslie; (Middle) J.; (Last) Powe 11

4. DATE OF DEATH: (Month) 4; (Day) 12; (Year) 1953

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan 9, 1929

9. AGE last birthday: 24 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Phila.Pa.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Powell

14. MOTHER'S MAIDEN NAME: Lola Broughton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW2

16. SOCIAL SECURITY No.: ??

17. INFORMANT AND ADDRESS: Sewell Marshall, Identification cards, 1005 Del. Ave. Wil

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

823X Immediate cause (a) Crushed skull — Interval between onset and death: none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures — none;

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): highway; (CITY OR TOWN): Fairlee (Chestertown); (COUNTY): Kent; (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 4/12/53 12:10 m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Car where he was riding struck a tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Robert W. Farr (Degree or title) MD — ADDRESS: Chestertown, Md. — DATE SIGNED: 4/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 4/14/53; NAME OF CEMETERY OR CREMATORY: Wattsville; LOCATION (City, town, or county) (State): Accomac County Va.

DATE REC'D BY LOCAL REG.: April 13-1953; REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marvin V. Williams, ADDRESS: Chestertown, Md.

RECEIVED
APR 15 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04114

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]-51

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Chestertown
LENGTH OF STAY (in this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Quaker Neck

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Chestertown
STREET ADDRESS (If rural, give location) Quaker Neck

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Thomas (Last) Roach

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 5, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive

10b. KIND OF BUSINESS OR INDUSTRY: Marine Shipping

11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Chandler Roach

14. MOTHER'S MAIDEN NAME: Mary Zema Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Walter T. Roach, Chestertown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	5 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (90[illegible].0)	(b) Arteriosclerosis DUE TO	17 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture of neck of right femur — 5 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.; INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1953, to April 21, 1953, that I last saw the deceased alive on April 20, 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE: A. C. Dick (DEGREE OR TITLE): M.D. ADDRESS: Chestertown, Md DATE SIGNED: 4-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 4/23/53; NAME OF CEMETERY OR CREMATORY: St. Dennis Cemetery; LOCATION (City, town, or county) (State): Andmore - Penn.

DATE REC'D BY LOCAL REG.: April 21-1953; REGISTRAR'S SIGNATURE: Clara L. Baines.

24. FUNERAL DIRECTOR: Marvin C. Williams; ADDRESS: Chestertown Maryland

RECEIVED
APR 24 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Graditude Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall. Rural.
STREET ADDRESS (If rural, give location) Graditude Road.

3. NAME OF DECEASED (Type or Print) (First) Lavina (Middle) — (Last) Schmidt
4. DATE OF DEATH (Month) April (Day) 20 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH April 7-1876
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work.
10b. KIND OF BUSINESS OR INDUSTRY own home.
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Vans Willis
14. MOTHER'S MAIDEN NAME Given Name Unknown Bramble
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY No. 220-16-9418
17. INFORMANT AND ADDRESS Hiram Bullen 5613 Green Hill Ave Philadelphia Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Balto. Md.

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary thrombosis Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from ..... 19..., to ..... 19..., that I last saw the deceased alive on ..... 19..., and that~~ death occurred at 6 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F. Smith MD
ADDRESS Rock Hall, Md
DATE SIGNED April 23, 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE THEREOF April 22. 53
NAME OF CEMETERY OR CREMATORY Wesley Chapel.
LOCATION (City, town, or county) Rock Hall (State) Md.

DATE REC'D BY LOCAL REG. April 22-53
REGISTRAR'S SIGNATURE S. Elwood Burgess.
24. FUNERAL DIRECTOR Edgar L. Lane Church Hill Md
ADDRESS

RECEIVED
MAY 18 19[illegible]
BUREAU V. S.

Item 9 filmG153 4/13/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04116

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Kennedyville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairfax
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) S (Last) STROLE
4. DATE OF DEATH: (Month) April (Day) 5, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 6 1878
9. AGE last birthday: ~~66~~ 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Apiarist
10b. KIND OF BUSINESS OR INDUSTRY: Bee Keeper
11. BIRTHPLACE (State or foreign country): Stanley Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin L. Strole
14. MOTHER'S MAIDEN NAME: Ella Foltz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Daisy D Strole Rural Kennedyville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis — unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1953, to 4-5, 1953 that I last saw the deceased alive on 4-5, 1953, and that death occurred at 10 30 pm from the causes and on the date stated above.

SIGNATURE Robert Ware (Degree or title) M.D. ADDRESS Chestertown DATE SIGNED 4/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 8, 1953
NAME OF CEMETERY OR CREMATORY Shrewsbury Cem.
LOCATION (City, town, or county) Rural Kennedyville (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 8. 1953
REGISTRAR'S SIGNATURE Elizabeth J. Neelford
FUNERAL DIRECTOR Edward Fellows
ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 1953
BUREAU W. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04117

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS near * Chestertown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) Calvert (Last) Williams
4. DATE OF DEATH (Month) Apr. 20, (Day) 1953 (Year) 19

5. SEX Male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Apr. 7, 1897
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Walter Williams
14. MOTHER'S MAIDEN NAME Hannah Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 221-16-9323
17. INFORMANT AND ADDRESS Daniel Williams Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 Immediate cause (a) Endocarditis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Sclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1953, to ~~6 P.M.~~, 1953, that I last saw the deceased alive on April 20, 1953 and that death occurred at 6 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Atwell, M. D. ADDRESS Still Pond Md DATE SIGNED 4/23/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr. 25, 1953
NAME OF CEMETERY OR CREMATORY Pomona (col) Cemetery
LOCATION (City, town, or county) (State) nr. Chestertown, Md.

DATE REC'D BY LOCAL REG. April 24-1953
REGISTRAR'S SIGNATURE Clara S. Barnes,
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md ADDRESS

RECEIVED
APR 23 1953
BUREAU V. S.